

## DECLARATION AND POWER OF ATTORNEY -- PATENT APPLICATION

As below named inventor, I hereby declare that I believe I am the original, first and sole inventor (*if only one name is listed below*) or an original, first and joint inventor (*if plural names are listed below*) of the subject matter which is claimed and for which a patent is sought in the application entitled: HEALTHCARE MANAGEMENT SYSTEM AND METHOD OF PREDICTING HIGH UTILIZERS OF HEALTHCARE SERVICES  
the specification of which

(check one)   X   is attached hereto  
\_\_\_\_\_ was filed on \_\_\_\_\_ as  
United States Application Serial No. \_\_\_\_\_ or  
PCT International Application No. \_\_\_\_\_  
and was amended on \_\_\_\_\_ (*if applicable*).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to herein.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet attached hereto.

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number ( <i>If applicable</i> )

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet attached hereto.

As a named inventor, I hereby appoint James A. Coles, Reg. No. 28,291; E. Victor Indiano, Reg. No. 30, 143; Timothy E. Niednagel, Reg. No. 33,266; R. Trevor Carter, Reg. No. 40,549; Jeffery B. Huter, Reg. No. 41,086; Anthony P. Filomena, Reg. No. 44,108; Norman J. Hedges, Reg. No. 44,151; and Paul E. Franz, Reg. No. P45,910; as attorneys of record, and William S. Meyers, Reg. No. 42,884 as agent of record, with full power of substitution and revocation, to prosecute this application, and to transact all business in the Patent and Trademark Office connected therewith, and I specify that communications regarding the application be directed to:

Intellectual Property Group  
Bose McKinney & Evans LLP  
135 North Pennsylvania Street, Suite 2700  
Indianapolis, Indiana 46204  
Telephone: (317) 684-5000  
Facsimile: (317) 684-5173

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Julie A. Meek

**Full Name of Sole or First Joint Inventor**

Julie A. Meek

**Inventor's signature**

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Brenda L. Lyon

**Inventor's signature**

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**Country of Citizenship**

3-8-00

**Date**

USA

**Country of Citizenship**

3/2/00

**Date**

USA

**Country of Citizenship**

3/7/00

**Date**

268669

**PATENT APPLICATION**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Group:

Attorney Docket No.: 9110-0008

Applicant or Patentee: Meek et al.

Invention: HEALTHCARE MANAGEMENT SYSTEM AND METHOD OF PREDICTING HIGH UTILITIES OF  
HEALTHCARE SERVICES

Application or Patent No.:

Filing or Issue Date: Herewith

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS  
(37 CFR 1.9(f) AND 1.27(c)) - SMALL BUSINESS CONCERN**

I hereby declare that I am

- ☐ the owner of the small business concern identified below:  
☒ an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF CONCERN The Haelan Corporation

ADDRESS OF CONCERN 748 E. Bates Street, Suite 103

Indianapolis, Indiana 46204-4055

I hereby declare that the above-identified small business concern qualifies as a small business concern as defined in 13 CFR 121, for purposes of paying reduced fees to the United States Patent and Trademark Office. Questions related to size standards for a small business concern may be directed to: Small Business Administration, Size Standards Staff, 409 Third Street, SW, Washington, DC 20416.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention described in

- ☒ the specification filed herewith with the title as listed above,  
☐ the application identified above,  
☐ the patent identified above.

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below\* and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

\*NOTE: Separate statements are required from each named person, concern or organization having rights to the invention declaring their status as small entities. (37 CFR 1.27)

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

☐ INDIVIDUAL

☐ SMALL BUSINESS CONCERN

☐ NONPROFIT ORGANIZATION

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

☐ INDIVIDUAL

☐ SMALL BUSINESS CONCERN

☐ NONPROFIT ORGANIZATION

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

☐ INDIVIDUAL

☐ SMALL BUSINESS CONCERN

☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is not longer appropriate. (37 CFR 1.28(b))

NAME OF PERSON SIGNING Julie A. Meek

TITLE OF PERSON IF OTHER THAN THE OWNER Chief Executive Officer

ADDRESS OF PERSON SIGNING 1925 Fox Moore Terrace

Greenwood, Indiana 46143

SIGNATURE \_\_\_\_\_

DATE 3-8-00